## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address, and included unless corrected below of directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. Note: A certificate of mailing can only be used for domestic mailings of the CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

|   |   |   | par   | ers. Each additional 1   | paper, such as an assignme<br>of mailing or transmission. | nt or formal drawing, mus     |  |
|---|---|---|---|--|---|-------------------------------|--|
| MCANDREW<br>500 WEST MAI<br>SUITE 3400  | S HELD & MAL  | LOY, LTD  | l h<br>Sta<br>ade<br>trai   | Certificate of Mailing or Transmission  I hereby certify that this Feedy Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimally transmitted to the USFTO (71) 1273–2883, for the date indicated below. |   |                               |  |
| CHICAGO, IL 6   | 50661   |   | Г   | Michael T.   |   | EFS-Webpositor's name)        |  |
|   |   |   | -   | /Michael T.  | Cruz/   | (Signature)                   |  |
|   |   |   |   | February 2,  | 2009  | (Date)                        |  |
| APPLICATION NO. FILING DATE   |   |   | FIRST NAMED INVENTOR  | OR ATTORNEY DOCKET NO.   |   | CONFIRMATION NO.              |  |
| 10/688,392  | 392 10/17/2003  |   | Uri Elzur 14102US02   |  | 14102US02   | 1304                          |  |
|   |   | HOD FOR RECEIVE QU                                      |   |  |   |                               |  |
| APPLN. TYPE   | SMALL ENTITY  | ISSUE FEE DUE   | PUBLICATION FEE DUE   | PREV. PAID ISSUE   |   | DATE DUE                      |  |
| nonprovisional  | NO  | \$1510  | \$300   | \$0  | \$1810  | 03/03/2009                    |  |
| EXAMINER ART  |   | ART UNIT  | CLASS-SUBCLASS  | ]  |   |                               |  |
| ABELSON, RONALD B 2419  |   |   | 370-412000  |  |   |                               |  |
| Change of correspondence address or indication of "Fee Address" (37 CPR 1,363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB147; Rev 03-02 or more recent) attached. Use of a Customer Number is required. |   |   | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively. (2) the name of a single firm (having as a member a 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  |  |   |                               |  |
|   | less an assignee is ident<br>h in 37 CFR 3.11. Com    |   | THE PATENT (print or ty<br>data will appear on the p<br>T a substitute for filing ar<br>(B) RESIDENCE: (CIT   | natent. If an assignee<br>assignment.  | is identified below, the do                               | ocument has been filed for    |  |
| Broadcom Corporation Irvine, California  Please check the appropriate assignee category or categories (will not be printed on the patent):   Individual  Corporation or other private group entity  Government  |   |   |   |  |   |                               |  |
| 4a. The following fee(s)  | are submitted:  | 41  | b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit eard. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deflecincy, or credit any overpayment, to be posid Account Number 13-0017 (with the AMERICAN MONTH AND |  |   |                               |  |
|   | s SMALL ENTITY state                                  | us. See 37 CFR 1.27.                                    |   |  | ENTITY status. Sec 37 Cl                                  |                               |  |
| NOTE: The Issue Fee an<br>interest as shown by the  | d Publication Fee (if req<br>records of the United St | uired) will not be accepte<br>ites Patent and Trademark | of from anyone other than<br>Office.  | ine applicant; a regist  | ered attorney or agent; or th                             | ic assignee or other party if |  |
| Authorized Signature /Michael T. Cruz/ Date February 2, 2009  |   |   |   |  |   |                               |  |

Typed or printed name Michael T. Cruz Registration No. 44,636 This collection of information is required by 37 ST. FER. 1.11. The information is required to obtain or retain a benefit by the obligible which is to file (and by the USPTO to process) an application. Confidentially is governed by 35 ST. GT. 2.1 and GT. R. 1. Phile collection is estimated to the 12 minutes to complete, including pathering, pressings, and the process of the proc

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.